## Case 2:13-bk-57728 Doc 83 Filed 10/05/15 Entered 10/05/15 10:22:02 Desc Main Document Page 1 of 4

Fill in this information to	o identify your case:	
Debtor 1	Gregory Scott Thacker	
Debtor 2 (Spouse, if filing)	Kathleen Rose Williamson-Thacker	
United States Bankrupt	cy Court for the: SOUTHERN DISTRICT OF OHIO	
	3-bk-57728	Check if this is:
(If known)		An amended filing
Official Form	<u>B 6I</u>	A supplement showing post-petition chapter 13 income as of the following date:  10/05/2015  MM / DD/ YYYY

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Linployment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Disabled	Newspaper Delivery
	Include part-time, seasonal, or self-employed work.	Employer's name		
	Occupation may include student or homemaker, if it applies.	Employer's address		
		How long employed th	ere?	
Par	Give Details About Mon	thly Income		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form B 6I Schedule I: Your Income page 1

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Debto Debto		Gregory Scott Thacker Kathleen Rose Williamson-Thacker		Case	number ( <i>if known</i> )	2:13-bk	c-57728	
				For	Debtor 1		btor 2 or ing spouse	
	Сор	y line 4 here	4.	\$	0.00	\$	0.00	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	0.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	0.00	
	<b>List</b> 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c. 8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive	8c. 8d. 8e.	\$ \$	0.00 0.00 0.00	\$  \$	0.00 0.00 0.00	
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: PERS - Disability	8f.	\$	2,130.21	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	774.34	
	8h.	Other monthly income. Specify: Home Health Care Aide (for son)	8h.+	\$	0.00	+ \$	2,267.72	
		USA Today Delivery	_	\$	0.00	\$	855.00	
		Home School Aide	_	\$ <u></u>	0.00	\$	133.71	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,130.21	\$	4,030.77	
		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$_	2	2,130.21 + \$_	4,030	).77 = \$ <u>6</u> ,	160.98
	Incluothe	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:	depend		•		edule J. 11. +\$	0.00
		the amount in the last column of line 10 to the amount in line 11. The result in the Summary of Schedules and Statistical Summary of Certain ies						160.98
13.	Do y ■	ou expect an increase or decrease within the year after you file this form?  No.	•				Combined monthly in	
	П	Yes, Explain:						

Fill	in this informa	ation to identify yo	our case:							
Deb	tor 1	Gregory Sco	ott Thack	er		Ch	eck if this is			
	0						An amen	Ū		
	otor 2 ouse, if filing)	Kathleen Ro	se Willia	mson-Thacker					wing post-petition chap the following date:	ter
(0)	ouce,g,						10/05/20			
Unit	ed States Bank	cruptcy Court for the	: SOUTH	IERN DISTRICT OF OHIO			MM / DD	/ YYYY		
	e number 2	:13-bk-57728							or Debtor 2 because De arate household	bto
`										
Of	fficial Fo	orm B 6J								
		J: Your								2/1
info	ormation. If n		eded, atta	If two married people and chanother sheet to this formal.						
Par	t 1: Desc	ribe Your House	ehold							
1.	Is this a joi									
	☐ No. Go t	o line 2.								
	Yes. Doe	es Debtor 2 live	in a separ	ate household?						
		No								
		es. Debtor 2 mu	st file a sep	arate Schedule J.						
2.	Do you hav	e dependents?	□ No							
	Do not list D Debtor 2.	Debtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Deper age	ndent's	Does dependent live with you?	
	Do not state dependents				Daughter		18		□ No ■ Yes	
	·								□ No	
					Son		22		Yes	
									□ No □ Yes	
									☐ Yes	
									☐ Yes	
3.	expenses of	penses include of people other t	than □	No Yes						
	yoursell an	id your depende	nts?							
		nate Your Ongoi		y Expenses uptcy filing date unless y	ou are using this for	rm as a s	unnlement	in a Cha	enter 13 case to renor	
exp		a date after the		y is filed. If this is a supp						
				government assistance if						
	ficial Form 6		d nave me	nuded it on ochedule i. T	our moome			Your exp	enses	
4.		or home owners nd any rent for th		ses for your residence. In	nclude first mortgage	4.	\$		660.00	
	If not include	ded in line 4:								
	4a. Real	estate taxes				4a.	\$		0.00	
	4b. Prope	erty, homeowner'	s, or renter	's insurance		4b.	\$		0.00	
				ipkeep expenses		4c.	· -		150.00	
5.		eowner's associa		dominium dues our residence, such as ho	me equity loops	4d. 5.			0.00 0.00	
J.	AuditiOffal	mongaye paym	CITED TOT VC	rui residence, such as noi	me equity lualls	ວ.	Ψ		0.00	

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Utilities   6a.   Electricity, heat, natural gas   6a.   \$ 245,000   6b.   Water, sewer, garbage collection   6b.   \$ 95,000   6c.   Telephone, cell phone, Internet, satellite, and cable services   6c.   \$ 0.000   6d.   Other. Specify:   Cell Phone	Pebtor 1 Gregory Scott Thack Pebtor 2 Kathleen Rose Willia		Case num	ber (if known)	2:13-bk-57728
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6b. Sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. S	- Tallingon Hood Willia			/	
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